

PRINTED: 02/28/2013
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7302	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/25/2013
NAME OF PROVIDER OR SUPPLIER BRIDGE AT ROCKWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 5580 ROANE STATE HWY ROCKWOOD, TN 37854		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain the over nursing home environment the safety and well-being of the residents are assured.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director on February 25, 2013 at 3:30 p.m. revealed that patient room 102 had a damaged electrical out. Interview with the maintenance director revealed the damaged was caused by the patient room bed being turn sideways against the wall. The bed when being raised and lowered has hit and pulled the electrical plug and caused damaged to the outlet.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on February 25, 2013.</p>	N 831	<p>N831 1200-8-6- .08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>Residents affected/potentially affected: All residents have the potential to be affected by this cited practice. Plant Ops assistant immediately replaced the damaged outlet. 100% of all outlets in resident rooms were assessed for damage immediately. No damaged outlets were discovered.</p> <p>Systemic measures: SDC/designee will educate staff on notifying the Plant Ops director/designee and by placing it in the maintenance log when a resident bed is going to be placed against the wall. Plant Ops director/designee will conduct a review of all beds currently turned sideways and install a protective device for the outlet.</p> <p>Monitoring measures: Plant ops director/designee will inspect outlets in resident rooms weekly for a month, and monthly for 3 months. Any damaged outlets will be immediately replaced and reported to the Administrator. Any concerns will be reported to the safety committee monthly and reviewed by QA monthly for 4 months and then upon occurrence thereafter.</p>	4/12/13	

Division of Health Care Facilities

Amir Jafar
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Administrator

3/21/13

STATE FORM

0399

9LIF21

If continuation sheet 1 of 1